INTERNET FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-258096	3/17/20	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. a. Name of Employer (734) 403-6500 **Detroit Thermal Systems** c. Cell No. f. Fax No. d. Address (Street, city, state, and ZIP code) e. Employer Representative g. e-Mail 6505 Cogswell **David Rochon** David.Rochon@dtsllcna.com Superintendent MI Romulus 48174h. Number of workers employed 600 i. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Others H-Vacs k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) --See additional page--3. Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) 4b. Tel. No 4a. Address (Street and number, city, state, and ZIP code) 4c. Cell No (b) (6), (b) (7)(C 4d. Fax No 4e. e-Mail (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Tel. No 6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. (b) (6), (b) (7) (b) (6), (b) (7)(0 Title (signature of representative or person making charge) (Print/type name and title or office, if any) Fax No. e-Mail 03/17/2020 06:31:33 (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(date)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Basis of the Charge

8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by making unilateral changes in terms and conditions of employment.

List Changes	Approximate date of change
Not allowed to bid for job if related to another	March 5,2020

FORM EXEMPT UNDER 44 U.S.C 9512

INTERNET FORM NLRB-501 (2-08) First Amended

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07_CA_258008	3-30-2020	

NSTRUCTIONS:	07-CA-258	096	3-30-2020		
file an original with NLRB Regional Director for the region in which th			- W. A-		
	<u>GAINST WHOM CHARGE IS BRO</u>	DUGHT			
a. Name of Employer			b. Tel. No. (734) 403-6500		
Detroit Thermal Systems			c. Cell No.		
		6. (Jell No.		
		f. F	ax No.		
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	734	*13#8153 _		
	D-144 D-15-	ģ, €	∍-Mail		
8505 Cogswell	David Rochon Superintendent		David.Rochon@dtslicna.com		
MI Romulus 48174	Soperation to the state of the	h. I	Number of workers employed		
			600		
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	9			
Others	H-Vacs				
k. The above-named employer has engaged in and is engaging	In unfair labor practices within the mea	ining of section 8(a	i), subsections (1) and (list		
subsections) 5	of the N	ational Labor Rela	tions Act, and these unfair labor		
practices are practices affecting commerce within the meaning	g of the Act, or these unfair labor pract	ices are unfair pra	ctices affecting commerce		
within the meaning of the Act and the Postal Reorganization	Act.				
2. Basis of the Charge (set forth a cleer and concise statement	of the facts constituting the alleged uni	air labor practices,	,		
See additional page					
 Full name of party filling charge (If labor organization, give full Local 845, International Union, UAW) 	i name, including local name and numb	oer)			
Local 840, International Official CAVV					
4a. Address (Street and number, city, state, and ZiP code)		4 b. Te	I. No. (b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)					
		4c. Ce	II No. (b) (6), (b) (7)(C)		
		4d. Fa			
		40. / 1	ix (No.		
		4e. e-N	/ail		
			b) (6), (b) (7)(C)		
5. Full name of national or international labor organization of wi	nich it is an affiliate or constituent unit (to be filled in wher	charge is filed by a labor		
organization)					
LAW LOCAL 84S					
6. DECLARATION		Tel. N	o.		
I declare that I have read the above charge and that the statements	are true to the best of my knowledge and	belief.	(b) (6), (b) (7)(C)		
(b) (6) (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		Office.	If any, Cell No.		
(b) (6), (b) (7)(C)	(5) (5), (5) (1)(5)		(b) (6), (b) (7)(C)		
	(Print/type name and title or office, if any)	Fax N	0.		
(b) (6), (b) (7)(C)	3/20	1/20 e-Mall	\ (0) \ (1) \ (7) \ (0)		
Aridreas	-/ Oda	(e)	b) (6), (b) (7)(C)		

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